

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583079

FILING DATE

13 MAR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/			/		
2	/		/			
3		/		/		
4		2		1		
5		1		2		
6	/		/			
7		/		/		
8		/		/		
9		2		/		
10		/		/		
11		/		/		
12		/		/		
13		/		2		
14		/		2		
15		/		1		
16		/		1		
17		/		1		
18		/		1		
19		/		1		
20		/		1		
21		/		2		
22		/		1		
23		2		1		
24		2		1		
25		2		1		
26		2		1		
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49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	33	←	33	←		←
TOTAL CLAIMS	36		36			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						